

Division of Public and Behavioral Health Technical Bulletin



Topic: Zika Pregnancy Registry Information and Forms

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To: All State-Licensed Healthcare Providers

<u>Introduction:</u> In April of 2016, both the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) stated that there is a link between Zika virus (ZIKV) infection and a range of poor birth outcomes. These abnormalities include: pregnancy loss, microcephaly (an under-sized skull), absent or poorly developed brain structures, eye defects (to include blindness), as well as impaired growth and poor development of an infected newborn.

<u>Overview of the Registry:</u> As part of a national effort to better understand the impacts of ZIKV infection during pregnancy, the State of Nevada is asking healthcare providers who work with pregnant women to participate in the CDC's U.S. Zika Pregnancy Registry. The data collected through this registry will help to better inform all providers in the care of pregnant women and their families. The ultimate goal of this registry is to help improve prevention of ZIKV infection during current and future pregnancies.

Registry Participants: The CDC has designed this registry for:

- Pregnant women in the United States with laboratory evidence of Zika virus infection (positive or inconclusive
 test results, regardless of whether they have symptoms) and prenatally or perinatally exposed infants born to
 these women.
- Infants with laboratory evidence of congenital Zika virus infection (positive or inconclusive test results, regardless of whether they have symptoms) and their mothers.

<u>Registry Forms:</u> To ensure that patients who meet the requirements listed above are properly entered into the registry, the following forms will need to be completed by clinicians working with these patients:

- Maternal Health History Form: To be completed for all pregnant confirmed cases.
- Assessment at Delivery (Neonate assessment): To be completed for all infants of positive mothers.
- Infant Health follow-up form: To be completed when the infant is 2, 6, and 12 months of age for infants born from positive mothers.
- *Note:* Blank copies of these forms are attached to this technical bulletin.

Completed forms are to be sent directly to the public health authority that covers your healthcare facility:

- For Clark County providers, please send via secure fax to 702-759-1414
- For Washoe County providers, please send via secure fax to 775-328-3764
- For Carson City providers, please send via secure fax to 775-887-2138
- For rural county providers, please send via secure fax to 775-684-5999

As per CDC instructions, the State will be sending to CDC via secure email; so please <u>do not send these forms to the CDC directly</u>.

For healthcare providers who would like to learn more about the CDC's Zika Pregnancy Registry, please log onto this web address: http://www.cdc.gov/zika/hc-providers/registry.html

Signed: ______Date: April 28, 2016

Dr. Ihsan Azzam, MD, Ph.D., State Medical Epidemiologist, Division of Public and Behavioral Health

Signed: ______Date: April 28, 2016

Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health